

Regional Advisory Council (RAC) Annual Report

An Annual Report is to be submitted to DSHS, Office of EMS/Trauma Systems no later than **October 15, 2026**. The annual report will cover the past fiscal year (September 1, 2025, thru August 31, 2026), as stipulated in the RAC Systems Development portion of your FY26 Contract. Additional information may also be entered or submitted as an attachment to this report.

RAC	East Texas Gulf Coast Regional Trauma Advisory Council	
Report Period	FROM: 9/1/2025	TO: 8/31/2026

1. On Attachment A provide current information for RAC Officers and Executive Committee/Board as of September 1st.
2. Needs Assessments *(Provide a narrative paragraph describing how needs were identified. Give details outlining the decision-making strategy the RAC used to meet identified needs and identify patterns of regional resource distribution. For example, what kind of equipment was allocated to whom, and for what purpose? What were the number topics and attendees of education/training events? How were they evaluated? Using a table like the one shown below may assist in this process.)*

Example table:

Identified Need	Targeted Beneficiary (EMS/Hospital)	How Were These Needs Met?
Education/Training	EMS/Hospital	Education and ongoing training continue to be a high priority for our membership. The RAC maintains a list of pre-approved courses that members may review to determine if the educational opportunity qualifies for tuition reimbursement. If a course is not listed as pre-approved, members may submit a Professional Development Request before attending the course. The request will be reviewed by the Board of Directors, and the member will be notified of the approval or denial decision. The Board of Directors includes representation across systems of care, including pre-hospital, trauma, perinatal, and acute care. Tuition reimbursement was provided for the following courses: TX EMS Conference and select preconference courses, TOPIC,

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		ENA Conference, EMS Evolution, AAAM, RHPC Symposium, Advanced Cadaver Development Course, Beyond the Street Workshop, Geriatric EMS Course, Trauma Program Manager Course, FTEP, OB Shock Conference, TX Medical Directors Conference, Houston Venom Conference, ABLS, STRAC Blood Academy, and Fundamental Critical Care Support OB Course. In addition to tuition reimbursement, guest speakers and case reviews are brought to the quarterly General Assembly meetings. Topics included: Preparation for 2026 World Cup, Treatment of Burns in Children and a Whole Blood Case Study.
Equipment	EMS	With the nationwide increase in mass casualty incidents, the board determined that all EMS providers must be prepared to respond quickly and effectively. To support that readiness, each service received an MCI cart stocked with key supplies, including Israeli Bandages, Combat Application Tourniquets, EMS Shears, Triage bag with ribbon dispenser and a Treatment Area ID Flag Kit.
Other	EMS/Hospital	Regional Data Repository: In November 2025, the RAC Board entered into an agreement with ESO to establish a regional data repository. Since then, the project has required ongoing coordination and implementation support. The EMS component became available in July 2026. ESO continues to develop the hospital trauma data component, which is expected to be ready mid-September 2026.

3. Administrative/Operational & Clinical:

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- a. How has the RAC identified all healthcare organizations in the region that might be involved in trauma, injury prevention, emergency healthcare, rehabilitation, and disaster management? What efforts did the RAC make to **maximize inclusion** of its constituents into the RAC to continue to develop an integrated trauma system?

The RAC maintains ongoing communication with member organizations through a combination of direct outreach, scheduled reminders, membership updates, website postings, member surveys, and committee-based information sharing. Surveys are utilized to collect information needed which will guide the priorities of the Board of Directors. Committee chairs support participation by making personal phone calls and sending reminder emails to encourage member attendance at General Assembly meetings. These efforts help maintain engagement across the region and ensure that member organizations remain informed about opportunities to participate in RAC activities.

Annual membership packets are used to update the RAC membership list, including voting members and alternate members. The RAC administrative office compiles the submitted information and maintains distribution lists for EMS, Trauma, Perinatal, Acute Care, Corridor Chairs, and other relevant groups. These distribution lists are used to send meeting reminders, important DSHS updates, training opportunities outside the region, and other information necessary to support member participation and regional coordination.

The RAC website serves as an additional communication resource for member organizations and regional partners. Information is posted to help organizations access RAC offerings and updates related to injury prevention, disaster management, pediatric readiness, trauma care, and other regional initiatives. The RAC calendar is maintained on the website and updated with General Assembly and committee meeting dates, supporting transparency and consistent access to meeting information.

- b. Summarize the need for and outcomes of specially called RAC meetings.

The need for unplanned RAC Meetings consists of the need for emergent communication related to regional issues in which Board Members were required to make an immediate decision related to an unexpected issue. During September 1, 2025-August 31, 2026, unplanned meetings were not required.

- c. Report any projected realignments of counties in trauma service area

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No realignments or projected realignments during the fiscal year.

- d. Describe the RAC's role with facilities within the trauma service area prior to or during trauma center designations/re-designations that occurred within past twelve months. You may also describe the RAC's role with facilities outside the trauma service area, if applicable.

The RAC supports facilities seeking trauma designation or re-designation by providing letters of support and confirmation of membership in good standing to each hospital before and during DSHS trauma surveys. A RAC-R Board member participates in trauma survey activities by attending the second day of the survey to discuss RAC participation by the facility. During quarterly RAC Trauma Committee meetings, facilities with upcoming surveys are reviewed, and recent survey results are discussed to identify lessons learned and share information that may support successful survey outcomes. The RAC Trauma Committee also pairs experienced members with newer and/or smaller facilities to provide guidance, mentorship, and peer support throughout the designation or re-designation process. The committee provides an open forum for questions related to surveys, registry requirements, and other trauma program issues.

The committee reviews and discusses proposed changes to trauma rules and considers the potential impact on member programs. Members are encouraged to participate at the state level and provide input regarding proposed rule changes that may affect trauma system operations, designation standards, and program compliance.

- e. Describe how the RAC administratively and operationally contributed to and participated in Injury Prevention initiatives within past twelve months. ***(Please provide a brief summary of all injury prevention activities describing the RAC's level of involvement.)***

Stop the Bleed Training and Reporting

The region continues to expand the number of Stop the Bleed courses offered. To support accurate tracking, each course must be logged using the QR code available on the RAC website. The information submitted allows the RAC to monitor where courses are held, identify course instructors, and track the number of participants trained.

- *In FY 2026, 132 courses were logged, representing 2,923 individuals trained.*
- *The RAC recognizes that the total number trained may be inaccurate due to inconsistent or incorrect attendee reporting.*
- *Members are reminded to enter accurate course data based on the sign-in sheet for each class.*

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- *The RAC Board also recognizes that individuals from other EMS agencies and hospitals assist with course delivery and hopes to capture this information more effectively in the next fiscal year.*

Due to continued interest in the program, the Board purchased additional training stumps and training tourniquets. For FY 2027, additional questions were added to the reporting process to gather more complete information. Stop the Bleed remains a standing agenda item during General Assembly, allowing the chair to remind members regularly to log courses accurately and consistently.

Hot Car Safety Awareness

In Texas, child deaths associated with being left unattended in hot vehicles remain a serious concern. To increase awareness, the Board purchased 5,000 self-adhesive decals designed to educate adults about how quickly temperatures can rise inside a locked vehicle and to remind caregivers to check for children before leaving the car.

Each EMS agency and hospital received 100 decals for distribution at health fairs, EMS community events, daycare centers, and other community outreach opportunities.

Safe Sleep Education

The RAC continues to support ongoing education for parents and caregivers on safe sleep practices, including the standard message of “Alone, on Back, in a Crib.” To reinforce this education, magnets were developed with a built-in QR code that links directly to a white noise baby app, providing parents with an immediate resource to support infant sleep through soothing sound.

The magnets were ordered at the end of the fiscal year and, based on recommendations from the Perinatal Committee, will be distributed to support continued safe sleep education.

- f. Describe the most significant findings of the RAC's SQI/Performance Improvement Committee within past twelve months. **What changed as a result of that/those findings?**

Regional Performance Improvement Committee

The RAC Regional Performance Improvement Committee was established with non-board members appointed to represent both EMS agencies and hospitals. The committee is chaired by a physician who has completed a TOPIC course.

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During this fiscal year, the committee focused significant effort on strengthening the Regional Performance Improvement Plan. The updated plan outlines the process for submitting a review request and includes links for electronic submission. The supporting documents are HIPAA-compliant.

The committee received its first request for review during the fiscal year. After a thorough review and discussion, the committee determined that the issue was provider-related and recommended follow-up with both the hospital and EMS provider. The recommendation was sent to the requesting facility for appropriate follow-through.

Data Reporting and Repository Development

Members of the Trauma Committee submit quarterly data to the committee chair, who presents the information during quarterly committee meetings. Although the committee can receive and review hospital data successfully, the RAC has historically lacked the ability to receive comparable data from EMS providers.

To address this gap, the RAC Board entered into a contract for a regional data repository. The EMS component of the repository went live in July and allowed the RAC to demonstrate percent compliance with use of the Texas wristband. We are currently working with agencies and facilities to complete Business Associate Agreements.

In FY 25, a Standard Operating Procedure was developed to address the expectation to utilize the Texas Wristband on all transported patients. Because many EMS services still have older wristbands in circulation, information was provided during the September 2026 EMS Committee meeting regarding the state registry process required when old bands are used. Wristband use and related reporting requirements will remain a standing agenda item for quarterly EMS Committee meetings.

Trauma Data Repository Implementation

The trauma component of the data repository is scheduled to go live in late September 2026. Once implemented, the repository will provide broader data for review and reporting to Trauma Committee members.

- g. To what degree were physicians in the trauma service area involved in the resolution of adverse patient care findings identified by the RAC's SQI/Performance Improvement Committee.

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Physician participation in the Regional Performance Improvement Committee is currently limited. The chair of the committee, from a Level III DSHS designated Trauma Center, is a physician who guides the discussion when cases are sent forth for review. If a case is sent that required a physician with specific expertise, the committee chair will identify and request their presence during the case review.

- h. Describe activities the RAC was involved in that assisted or encouraged EMS and FRO participation in the RAC within past fiscal year (e.g. teleconferencing, video/conference calls, etc.).

EMS board members continue to reach out to non-RAC providers for participation and education. We continue to see growth with the addition of Cove Fire and Rescue (FRO). The representative from Port Arthur Fire Department (FRO) is also a member of the RAC board. City Ambulance in Port Arthur recently joined the RAC.

- i. Identify problems or areas of concern identified in past twelve months adversely impacting RAC operations.

Data, Reporting, and Training

- *Limited data availability remains a challenge. The RAC is working to improve access to the data needed to support planning, reporting, and service improvement.*
- *Additional training is needed to help participants complete required forms accurately and consistently.*

Administrative and Workforce Capacity

- *Increased requirements have added to the workload of the volunteer Board and RAC committees as they work to improve services across the region.*
- *Hospital and EMS personnel who participate in the RAC are managing heavier workloads, making it difficult to find time for committee meetings and related follow-up work.*

Provider Participation and Care Delivery Structure

- *The RAC continues to face challenges related to differences in medical care delivery, including services provided by physicians in private practice and those under contract with hospitals or emergency departments.*
- *Physician participation in the RAC has historically been difficult to sustain. Although Microsoft Teams meeting platforms are*

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available, limited physician engagement remains an ongoing concern.

Regional Scope and External Coordination

- *The RAC's large geographic service area creates diverse needs across the region, requiring flexible planning and coordination.*
- *Changes in DSHS contract staff has created challenges in receiving timely responses to requests and distribution of grant funds. Despite requesting read receipts when emails are sent, these requests go unanswered.*

4. Is the information identified on Texas Secretary of State/Comptroller of Public Accounts (<https://mycpa.cpa.state.tx.us/coa/search.do>) website current? If not, what actions have been taken to ensure Certification of Franchise Tax Account Status (Registered Agent/Office) is current with the Texas Secretary of State/Comptroller of Public Accounts?

The information is correct.

5. Summarize any issues/concerns that occurred in the past twelve months that required technical assistance from the Office of EMS/Trauma System Coordination Group.

During the past twelve months, communication issues requiring technical assistance from the Office of EMS/Trauma System Coordination Group included delayed responses or no response to requests, often requiring multiple follow-ups attempting to obtain time-sensitive information. There is no reliable method to confirm that responses or other communications have been received. In addition, information is sent inconsistently by different individuals; it is unclear to whom to contact when information is not received, and there is no system in place to verify that emails have been received by both the RAC and the trauma system. These gaps can delay guidance, follow-up, and the timely completion of required activities.

6. What method will the RAC utilize to ensure member organizations receive a copy of this Annual Report?

The report will be summarized during the December 2026 RAC General Assembly meeting and will also be posted on the RAC website.

Alyson Nickum-Smith
RAC Chair

10/14/2026
Date Signed

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Complete and include with the Annual Report the following:

Attachment A – Officers/Board Members

Attachment B – Annual Bylaws Affidavit

Attachment C – Annual Regional Trauma System Plan Affidavit

Annual Participation Report

Attachment D – Designated Hospitals

Attachment E – Hospitals Seeking Designation

Attachment F – EMS Providers

Attachment G - First Responder Organizations

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ATTACHMENT A
OFFICERS / EXECUTIVE BOARD MEMBERS

Name	Office/Board Position	Term	Affiliation	Telephone	Email
Alyson Nickum-Smith	Chair	Exp 8/27	Southeast Texas Air Rescue	409-719-6544	alyson.nickum-smith@gmr.net
Kathy Rodgers	Vice Chair	Exp 8/28	Christus Health St. Elizabeth	409-659-9908	Kathy.rodgers@christushealth.org
Julie Matson	Secretary	Exp 8/27	UTMB Health	303-339-0413	jmmatson@utmb.edu
Max Nguyen	Treasurer	Exp 8/28	City of Beaumont EMS	409-299-0679	Max.nguyen@beaumonttexas.gov
Chris Sermarini	Board Member	Exp 8/29	Lake Jackson EMS	979-417-1076	csermarini@ljems.org
Deanna Bray	Board Member	Exp 8/29	City of Alvin	281-245-9356	dbray@cityofalvin.com
Michelle Vu	Board Member	Exp 8/28	UTMB Health	409-772-0391	mlvu@utmb.edu
Dustin Lowe	Board Member	Exp 8/27	Port Arthur Fire Dept.	409-782-4425	dustin.lowe@portarthurtx.gov
Kimberly Stewart	Board Member	Exp 8/29	UTMB Health	409-772-2468	lmspenc@utmb.edu
Kelli Huebel	Board Member	Exp 8/27	Christus Health St. Elizabeth	409-236-7892	Kelli.huebel@christushealth.gov
Kelly Sears	Board Member	Exp 8/28	City of Pearland EMS	281-734-3975	ksears@pearlandtx.gov
Jennifer Higgs	Board Member	Exp 8/29	UTMB Health System Navigation and Support	409-266-9909	jahiggs@urmb.edu

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ATTACHMENT B
ANNUAL BYLAWS AFFIDAVIT

The RAC shall document an annual review of its bylaws. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: East Texas Gulf Coast Regional Trauma Advisory Council has completed an annual review and/or revision of the RAC's Bylaws with a documented date of and ratified by member organizations on April 14, 2026.

Is a current copy of the RAC's bylaws available for review on the RAC's web site?
☒ YES ☐ NO

If NO, is a copy is attached to this report?
☐ YES ☐ NO

A page summarizing revisions/additions made to the bylaws this contract reporting year is attached to this report.
☒ YES ☐ NO

Alyson Nickum-Smith
RAC Chair

10/14/2026
Date Signed

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ATTACHMENT C
ANNUAL REGIONAL TRAUMA SYSTEM PLAN AFFIDAVIT

The RAC shall document an annual review of regional EMS/trauma system plan. (§ Rule 157.123: Essential Criteria Defined. A.12)

RAC NAME: East Texas Gulf Coast Regional Trauma Advisory Council has completed an annual review and/or revision of the RAC's regional trauma system plan with a documented date of and ratified by approval from member organizations on June 5, 2026.

Each essential component of the Plan has a revision date of:

COMPONENT	DATE
Access to the System	Moved to Regional System Plan 6/26
Communication	Moved to Regional System Plan 6/26
Medical Oversight	Moved to Regional System Plan 6/26
Pre-hospital Triage Criteria	6/26
Diversion Policies	Moved to Regional System Plan 6/26
Bypass Protocols	Moved to Regional System Plan 6/26
Regional Medical Control	Moved to Regional System Plan 6/26
Facility Triage Criteria	6/26
Inter-hospital Transfers	6/26
Designation of Trauma Facilities, Planning for	6/26
Performance Improvement	6/26 and new PI Plan instituted 6/26
Regional Trauma Treatment Protocols	6/26
Regional Helicopter Activation Protocols	Moved to Regional System Plan 6/26
Injury Prevention	6/26

Is a current copy of the RAC's regional trauma system plan available for review on the RAC's web site?

☒ YES ☐ NO

If NO, has one has been attached with this report?

☐ YES ☐ NO

A page summarizing revisions/additions made to the regional trauma system plan this contract reporting year is attached to this report.

☒ YES ☐ NO

Alyson Nickum-Smith

RAC Chair

10/14/2026

Date Signed

ATTACHMENT D

ANNUAL PARTICIPATION REPORT

[illegible]

10/14/2026
Date Signed

ATTACHMENT E

ANNUAL PARTICIPATION REPORT

[illegible]

10/14/2026
Date Signed

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ATTACHMENT F
ANNUAL PARTICIPATION REPORT

EMS PROVIDERS

Acadian Ambulance Service
Allegiance / Lone Star
Alvin EMS
Angleton Area Emergency Medical Corp
Baytown Fire Department
Brazoria County ESD 3
Central EMS
Chambers County EMS
City Ambulance
City of Beaumont Fire and Rescue
Clear Lake EMS
Clute EMS
Danbury EMS
Dickinson EMS
Freeport Fire / EMS
Friendswood EMS
Galveston Area Ambulance Authority
Galveston County ESD2
Hamshire VFD
Hardin County ESD 2/Lumberton Fire & EMS
HCA Air Life
La Marque Fire Department
Lake Jackson EMS
League City EMS
Liberty (City) FD/EMS
Memorial Hermann Life Flight
Mont Belvieu EMS
Pearland Fire Department
Santa Fe Fire & Rescue
Southeast Texas Air Rescue- Beaumont
Southeast Texas Air Rescue- Jasper
Surfside Beach EMS
Sweeny Hospital District EMS
Texas City Fire Department
Windsor EMS
Winnie Stowell Volunteer EMS

Alyson Nickum-Smith

RAC Chair

10/14/2026

Date Signed

ATTACHMENT G

ANNUAL PARTICIPATION REPORT

[illegible]

Date Signed

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ATTACHMENT H
ANNUAL PARTICIPATION REPORT

Stakeholders that would include at a minimum participation on regional/local committees for the development/maturation of the regional systems.

EMS including FRO's
Trauma Hospitals
Stroke Hospitals
Cardiac
Perinatal
Emergency Management
PECC's
Sepsis

Alyson Nickum-Smith

RAC Chair

10/14/2026

Date Signed